

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 583144

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	2					
18	2					
19		1				
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
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49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	19	←	17	←	17	←
TOTAL CLAIMS	20		18		18	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	